

FICTITIOUS BUSINESS NAME STATEMENT

A MAIL FILED DOCUMENTS TO: NAME: _____ MAILING: _____ PHONE: () _____		MONO COUNTY CLERK-RECORDER'S FILING STAMP S:\Recorders Office\FICTITIOUS BUSINESS NAME STATEMENT.doc	
1	<input type="checkbox"/> First Filing <input type="checkbox"/> Renewal Filing <input type="checkbox"/> With Changes Current Registration # _____	B	Once filed, publish once per week for 4 consecutive weeks: MAMMOTH TIMES NEWSPAPER P.O. Box 3929, Mammoth Lakes, CA 93546 (760) 934-3929
THE FOLLOWING PERSON(S) ARE DOING BUSINESS AS:			
2	Fictitious Business Name(s) _____ 3. _____ 1. _____ Articles of Incorporation or Organization Number (if applicable) 2. _____		
3	Street Address, City, & State of Principal Place of Business in CA _____ Zip Code _____		
4	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____		
4a	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____		
4b	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____		
5	THIS BUSINESS IS <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. CONDUCTED BY- <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership <input type="checkbox"/> other than a partnership CHECK ONLY ONE <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other: _____		
6	<input type="checkbox"/> The registrant commenced to transact business under the fictitious name or names listed above on (Date): _____ <input type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name or names listed herein.		
7	If Registrant is not a corporation, sign: SIGNATURE _____ TYPE OR PRINT NAME _____ SIGNATURE _____ TYPE OR PRINT NAME _____ SIGNATURE _____ TYPE OR PRINT NAME _____	7A If Registrant is a Corp/limited liability, sign: CORP. OR LIMITED LIABILITY CO. NAME _____ SIGNATURE/TITLE _____	
8	Filing Fees: <input type="checkbox"/> One Registrant \$12.50 <input type="checkbox"/> Husband and Wife \$12.50 <input type="checkbox"/> Each Additional Registrant \$2.00 * Abandonment \$7.50 Mail COMPLETED Statement, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5530		
NOTICE- THIS FICTITIOUS NAME STATEMENT AUTOMATICALLY EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN ABANDONMENT STATEMENT AND PUBLISH ACCORDINGLY (See Section B). The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law pursuant to §14400 et seq., Business and Professions Code. Questions: Call the Mono County Clerk's Office at (760) 932-5530.		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. LYNDA ROBERTS, MONO COUNTY CLERK-RECORDER By: _____ <input type="checkbox"/> Deputy Clerk <input type="checkbox"/> Assistant Clerk-Recorder File Number: _____	